

Oklahoma State Department of Health Consumer Health Service

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## TATTOO & BODY PIERCING APPRENTICE PROGRAM Application

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Please Select One:	Body Piercing App	prentice Program	Tattoo Apprentice	Program
APPLICATION REQUI	REMENTS:			
Complete Application		Notarized	Copy of Driver's License	or Picture ID
Notarized Copy of Bir	th Certificate			
	PLEASE PRINT	Γ CLEARLY OR T	ГҮРЕ:	
Applicant Name:				
	First	MI	Last	
Mailing Address:				
City:		State:	Zip:	
Date of Birth:	Social Security Number:			
Primary Phone:	Alternate Phone:			
Email Address:				
Have you applied for an a	pprentice program prior to	this application?	Yes	☐ No
If Yes, please list the type	, date, and sponsor of you	r prior application(s	s): Body Piercing	Tattoo
Date(s) and Sponsor(s	):			
		M INFORMATION		
Sponsoring Artist:			Artist License #	
Shop Address:				
NOTE: The apprentice progr	am candidate shall notify OSE	OH immediately when c	hanging shops or supervising a	artist by submitting
a new apprentice program app	lication to this office. The fo			
occur and accumulation of hour The training schedule must be a		of fifteen bundred (150	0) hours of training in a minim	num of one (1) year
and no more than two (2) years		of fifteen numarea (130	o) hours of training in a minim	ium of one (1) year
If an apprentice program candi				
the apprentice program candida The candidate must adhere to a			_	-
I HEREBY CERTIFY this		•		
me is true and complete to the	* *	•	or raisification and the fille	imation given by
Applicant	,			
Signature:			Date:	
Sponsor				
Signature: Date: (Please retain a copy of the completed application for your records.)				
			or your records.)	
This signature acknowledges th		SDH USE ONLY	as an artist in the decignated o	ategory
OSDH Staff	at the applicant meets the requ	mements to be neclised	as an artist in the designated e	ategory.
Signature:			Date:	